

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 154
Registered No. 957

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Amrita Samorano If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth June 8, 1930
(Month, day, year)

9. Father's name Rafael Samorano

10. Residence (usual place of abode) Tucson
(If nonresident, give place and State)

11. Color Mex 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Guaymas
(State or country) Sonora

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laborer

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

18. Full maiden name Rosalia Bruch

19. Residence (usual place of abode) Tucson
(If nonresident, give place and State)

20. Color Mex 21. Age at last birthday 18 (Years)

22. Birthplace (city or place) Rosalia
(State or country) Arizona

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work June 8, 1930 26. Total time (years) spent in this work 3 years

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor ☒ During labor ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:30 m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles H. Hight, M.D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address Hayden, Ariz

Filed June 11, 1930 Registrar W. B. D. D.

Registrar.

Registrar.

136-608-923